Special Report Exhibit 6:

Glenn A. Porter, DOC 99595 Incident 639 Packet

5-1A

INCIDENT REPORT

Facility: Cimarron Correctional	Incident Number: 2017-1003-639-PREA
Incident Date/Fime (HRS): 11/14/2017 18:10 hours	
Pacility Damage: None	

Incident Location: Facility Property \ Main Building \ Section: S \ Block: 1 \ Cell: 060

INCIDENT PRIORITY LIST:

Priority	Priority Description
III	Assault WITHOUT Weapon NOT Resulting in Immediate Outside Medical Treatment-Inmate on Inmate
PREA	Inmate on Inmate Sexual Harrassment (IOI SH)

Other Priority Description:

DESCRIPTION OF INCIDENT:

On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White nonaffiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American nonaffiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist.

Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

The Facility Investigator arrived in medical to conduct a further investigation with inmate Porter. The Investigator reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.

Inmates/Residents Involved? Yes

INVOLVED PEOPLE:

Inmate/Resident Name(s) & Number	Jurisdiction	Witness or Participant	5-IC Attached or Refused?	Injuries
GLENN PORTER (99595)	OK DOC	Participant	Attached	Yes
Hospital Admission: No Nature of Injury: Injuries to Inmate Porter scratches to the forehead, left and right shoulders, and to the left forearm and bruising to the left cheek, and left arm.				
CHARLES FREDRICK (530734)	OK DOC	Participant	Attached	No

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INCIDENT REPORT

Juan Melendez rodriguez (22415602)	CORRECTIONAL OFFICER	Participant	Yes	No
Dwight Munday (16524440)	SHIFT SUPERVISOR	Participant	Yes	No

Medical Evaluation Completed? Yes		
HEALTH SERVICES PERSONNEL CONDUCTIN	G EXAMINATIONS:	
Name	Title	
Warren, Janette	LPN	
Van Brunt, Lacy	LPN	
Weapons Discovered? No		How Many?
Weapon Description	Weapon Loca	nion
Cell Phones Discovered? No		How Many?
Immate/Resident Disciplinary Charges Filed?	Yes	
Inmate/Resident Name(s) & Number	Segregation and/or PHD	Property Inventory Completed
CHARLES FREDRICK (530734)	No	No
Explain No Property Inventory. Inmate was not placed in	segregation.	
Incident Videotaped? No		
Name/Title of Camera Operator: N/A		
If Not Recorded, Explain: Not a recordable incident		
Photos of injuries annihohand an manager 9	Yes	How Many? 7
enotes of anywers, contravant, of property:		
Photos of injuries, contraband, or property? If No Photos, Explain: N/A		

	N/A
Evidence recovered during incident?	
Chain of Custody Maintained; No	
Chameo Custody Vannamed: No	
Evidence Description: N/A	
Evidence Description: N/A	

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INCIDENT REPORT

Name/Title of Person Discovering Evidence:	N/A	
Criminal Charges: No		

Notifications:

Facility Notifications:

Person Notified	Date/Time Notified	Notified By	ADO?
John Hilligoss	11/14/17@ 1815	Dwight Munday	Yes

FSC Notifications:

Person Notified		Notified By
Lane Bliar	11/14/17 @ 2220	IRD System

Contracting Agency Notifications:

Person Notified	Date/Time Notified	Notified By
Jamie Keef	11/14/17 @ 1820	John Hilligoss
Tamika Ross	11/14/17 @ 1845	Greg Jones

Outside Agency Notifications:

Person Notified Date/Time Notified Notified By	

Referred for Investigation by Warden/Adminis	trator or ADO? Yes
Prepared By: Dwight Munday	Title: Shift Supervisor

Completed Date/Time:		

Name	Job Title	Date and Time Signed
Dwight Ga Munday	SHIFT SUPERVISOR	11/14/2017 21:52 hrs.

5-1C

INCIDENT STATEMENT

Facility Cimarron Correctional	Incident Number	2017-1003-639-PREA
Person Name	Person Type	Person Role
	null	null
Incident Date/Time (HRS): 11/14/2017 18:10 hou	urs	
Based on your own knowledge, what did you see	, hear, and do?	
Did you receive any injuries? (If Yes, Exp	plain below)	
Were you evaluated by medical?		
Signature:	Dates	
Try ped By:	Date	
This section to be completed by CCA staff if the inmate o	or civilian/other refused to complete the	5-1C:
Employee/Witness Name:	Dater	
Employee/Witness Name:	Date:	

5-1E

PRISON RAPE ELIMINATION ACT (PREA) REPORTING

Facil	ity Cimarron Correctional	Incident Number 2017-1003-639-PREA
1. ALI	LEGED VICTIM:	
	Gender: X Male Female	Transgender: X Yes No
2. ALI	EGED PERPETRATOR:	
	Gender: X Male Female	Transgender: Yes X No
3. FOI	LOWING AN INVESTIGATION, THE ALLEGA	ATION WAS DETERMINED TO BE:
	PREA: Inmate on Inmate Sexual Harrassme	nt (IOI SH)
	Substantiated* X Unsubs	stantiated Unfounded
	*NOTE: Section 4 below to be completed ONLY if one or	more of the allegations is substantiated.
4. SAN	ICTIONS:	
a.	Legal:	
	Arrest Referral for Prosecution	on New Sentence X N/A
b.	Institutional Discipline:	
	Yes X No	N/A
C.	Staff Discipline:	
	Yes (If Yes, explain/describe below)	X No N/A
5. INM	ATE/RESIDENT CHANGE IN CUSTODY:	
	Segregation Increase in Custody Level	Transferred to another x N/A facility
Form	Completed By: Greg Jones	Today's Date: 12/22/2017

NOTE: Upon completion of this form, forward to CCA Assistant General Counsel, Operations.

INCIDENT INVESTIGATION REPORT

Facility Cimarron Correctional	Incident Number 2017-1003-639-PREA
Date of Investigation 12/22/2017 Investigate	or Name Greg Jones
	No (If No, Explain below)
Inmates only Glenn Porter Charles Fredrick	
2. What documents were examined (e.g. logbooks, report, ro	sters, work schedules, etc.)?
5-1 A Incident Report 5-1 E Rape Report	
Offense Report (Fredrick)	
Emergency Care Records	
DOC Attachments 7 Color Photos	
Request for Investigation (IG)	
Inmate Statements	
Staff Statements	
3. Were any of the inmates/residents (witnesses or participan	its) involved suspected or validated
gang-members? No	
4. Is there any indication that the incident was STG related?	No (If Yes, Explain below)
5. Is there any indication that the incident involved terrorist	threat/activity? No (If Yes, Explain below)
6. Any indications of policy, procedure, or practice violations	No (If Yes, Explain below)

7. Investigative Conclusions:

Investigation Findings

EXECUTIVE SUMMARY:

On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White non affiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American non affiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

Facility Investigator Greg Jones arrived in medical to conduct a further investigation with inmate Porter. Investigator Jones reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.

INVESTIGATION PARTICIPANTS:

First and Last Name Formal Title

Glenn Porter Inmate DOC# 99595 Charles Fredrick Inmate DOC# 530734

INVESTIGATION FINDINGS:

In an interview conducted on November 14, 2017, Inmate Glenn Porter indicated the following: Inmate Porter stated that Inmate Fredrick attempted to grab his breast and when he could not, Fredrick jump him and struck him about the facial area several time. Porter stated that Fredrick only attempted to grab him, but did not.

In an interview conducted on November 14, 2017, Inmate Charles Fredrick indicated the following: inmate stated that porter is crazy, that they were arguing over the lights and hanging things around the cell. Fredrick stated that they started arguing and then fighting and that Porter broke a razor and scratched him about the neck area and then stated that at no time did he attempt to grab Porters breast.

CONCLUSION SUMMARY:

Inmate Porter stated that Inmate Fredrick attempted to grab his breast and when he could not, Fredrick jump him and struck him about the facial area several time. Porter stated that he was reporting an assault and not a PREA. Fredrick reported "at no time did he attempt or touch Inmate Porter Breast.

Porter has changed his report several times, Porter stated to the Captain Munday and to Classification Supervisor Waters that he (Fredrick) did touch his breast, but reported during the investigation that he (Fredrick) did not touch his breast. Inmate further stated "we should not be at this facility (transgender) and that he wants to be moved.

Investigative Finding: Unsubstantiated

				Prepared by: Greg Jones	Title: Investigator	
Comment of the Commen						
The state of the s						
THE COLUMN	Total Titles	THE CONTRACTOR OF THE CONTRACT				
Title: investigator	Trepared by, ones investigator	Title investigator	if the investigator and the strength of the st			
repared by: Greg Jones Investigator	repared by: Greg Jones Investigator	repared by: Greg Jones Entire: Investigator	repared by: Greg Jones Investigator			
repared by: Greg Jones Interior	Prepared by: Greg Jones Investigator	Frepared by: Greg Jones Fitte: Investigator	Frepared by: Greg Jones International Inte			
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Prepared by: Greg Jones Title: Investigator	Prepared by: Greg Jones Title: Investigator	Prepared by: Greg Jones Title: Investigator	Prepared by: Greg Jones Title: Investigator			

Electronically Signed By:

Name	Job Fitle	Date and Time Signed
Greg A Jones	INVESTIGATOR	12/22/2017 08:23
Joseph M Roemmich	CHIEF OF SECURITY	12/26/2017 10:20

5-1H

INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

Pacility	Cimarron Correctional		Incident Numbe	2017-1003-639-PREA			
To be Co	impleted by the Chief of Secu	rity or Designee:					
5-1 Pook	et Contains Necessary Forms						
X	5-1A Incident Report						
X	5-1C Incident Statements (Fi	or each witness/par	ticipant)				
	5-1D Use of Force Summary	erring company to the					
Х	5-1E Prison Rape Elimination		tling				
	5-1F Death of Inmate/Reside						
Х	5-1G Incident Investigation F	Report					
Х	5-1H Incident Packet Checkl	st & Administrative	Review				
Х	13-34A2 Emergency Anaton	ical Form or contra	cting agency form (For	all medical assessments)			
	al Information:						
X							
X	Customer Required Docume						
X	All photos maintained with the	пе раскет?					
	Videotape securely stored?						
Commen	ts:						
To be co	mpleted by the Warden or D	estunees					
		··· 5					
Addition	al Notifications Made:						
Notified:		Yes/No/NA	Date/Time (HRS)	Notified By:			
Medical Ex	aminer/Coroner:	N/A					
Inmate's/Re	esident's Next of Kin:	N/A					
	Correctional Association: roval of FSC QA)	N/A					
	nilar Local Authority Notified:	N/A					
Date Age	ncy Notified:						

Employee corrective action taken (If Any):

5-1H

INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

Assigned for internal investigation	Assigned To:
Referred for external investigation	Referred To:
Referred for prosecution	
Other	Explain:

Electronically Signed By:

Name	Job Title	Date and Time Signed
Joseph M Roemmich	CHIEF OF SECURITY	12/26/2017 10:22
Virgil D. Ensey	ASST WARDEN	01/04/2018 16:49
Linda Darlene Dixon	MANAGER, OPER. SUPPORT	03/14/2018 14:33

Comprehensive Report

If ordered, the Comprehensive Report shall be submitted within five working days of the incident to the appropriate division manager or designee.											
Facility:	Cimarron Cor	rectiona	ıl		Repo	orted by:					
Type of Incid	ent:										
Date/Time In Occurred:	cident	11/14	1/201	7 18:1	10						
Location of Ir Quad, Cell, d	ncident (Unit, ining hall, etc.) Facili	ity Pro	operty	/ \ Main Build	ing \ Secti	on: S \ Blc	ock: 1 \	Cell: 060		
inciden	ıt):								ler and staff actions	_	
secured him removed inma Porter stated inmate Fredrish he (Fugon intervier Porter's breast The Facility Inthat during the (Porter) breast Inmate Fredrick hims and the Fredrick has been been been been been been been bee	nonaffiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter. The Facility Investigator arrived in medical to conduct a further investigation with inmate Porter. The Investigator reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast. Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.										
B: Staff in	Stan inverted and role they played during after the modern.										
C: What events precipitated this event:											
	Full Name DOC # Race Age Sentence Length/Days Updated offender Remaining/Crime/STG profile screening		Mental Health Level/Medication Compliance (past 90 days)	Updated Mer Assessment (Y or	Attached						
PORTER, GLENI	N ARTHUR	99595	W	58					B No Meds		
FREDRICK, CHA EUGENE	RLES	530734	W	32					A No Meds		
	s sustained:										
Staff or Offender (S or O)		lame			ype of Injury	Cause	of Injury	Offend	atment Received- er (provide update on t condition, treatment and location)	Treatment Rece (was treatment outside of the	provided
l	Ī			Iniurie	es to Inmate						

bruising to the left cheek, and left arm.

F:	Were any weapons or contraband recovered during this incident?
G:	What future impact will/could this incident have on staff and/or offenders and/or their families?
H:	What corrective measures were implemented and what follow-up action should be addressed to resolve and/or prevent future incidents?
1:	What disciplinary/commendations for staff was recommended?
J:	If there is no video related to this incident, explain why:
K:	If there is video of this incident, how many discs are included with this report?
1.	Will transfers or congretoes be recommended for any of the effection in the 10
L:	Will transfers or separatees be recommended for any of the offenders involved?

Spontaneous Incidents/Use of Force: Check List/Closure

1.	I am	;					
	Name	Title					
2.	Today's date and time is:						
3.	My location at the present is:						
4.	The location of the incident was:	Facility Property \ Main Building \ Section: S \ Block: 1 \ Cell: 060					
5.	The name(s) and number of offend	er(s) is/are:					
	PORTER, GLENN ARTHUR	99595					
	FREDRICK, CHARLES EUGENE	530734					
6.	Name(s) and title of staff involved v	were as follows:					
	Melendez rodriguez, Juan An	CORRECTIONAL OFFICER					
	Munday, Dwight Ga	SHIFT SUPERVISOR					
7.	The circumstances leading to the in	icident were:					
8.	Action taken during the incident was:						
9.	Name(s) and title of staff involved v	were as follows:					
9.	Melendez rodriguez, Juan An	CORRECTIONAL OFFICER					
	Munday, Dwight Ga	SHIFT SUPERVISOR					
10.		: (examinations of staff and offenders must be conducted by					
	medical personnel):	77					
	GLENN PORTER (99595)	Yes					
11.	Medical staff present are:						
	Warren, Janette	LPN					
	Van Brunt, Lacy	LPN					
12.	Summary of injuries are:						
	GLENN PORTER (99595)	Yes					
13.	This concludes the incident involvi	ing the following offender(s):					
	PORTER, GLENN ARTHUR	99595					
	FREDRICK, CHARLES EUGENE	530734					
14.	Camera operator is: N/A						
		Name/Title					
15.	the chief of security's office until the	conduct reports, or any physical evidence will be secured in he next working day when all reports and the tape can be reviewed by ility/unit head and chief of security.					

16. This concludes the Spontaneous Use of Force incident involving offender(s). Give a summary of the name and DOC number of offenders and time of the Spontaneous Use of Force incident:

													Page 1 of 3
			Incide	nt Noti	ificatio	n Che	ecklis	t					
staff or offend	der injurie	ditional question es will require a cally and supplie	follow-up e-r	nail to pro	ovide the	condition	on of st	aff ar	event	t(s) that or offenders	courre This	ed. An s upda	update of te should
Original:		Upda	ited:										
Facility:	Cimarro	on Correctional				Reporte	ed by:						
Type of Incid	ent:												
Date/Time In Occurred:	cident	11/14/2017 18	:10			te/Time nager N							
Location of Ir Cell, dining h		Jnit, Quad,	Facility Pro	perty \ Ma	ain Buildir	ng \ Sec	tion: S	\ Blo	ck: 1	Unit lock down?	ed	Y	es No
Has DOC Ins General beer		Yes No	By Whom?							When?			
			l 	Inciden	t Classific	ation				!	·		
1. Offender-	on-Offen	der assaults with	h serious inju	ıry:									
		ler-on-Offender			h serious	injury:							
2. Offender-	on-Offen	der assaults with	nout serious	injury:									
3. Offender-		-											
4. Offender-	on-Offen	der assaults by t	throwing sub	stances:									
Disruptive	Event:												
			, ,		ders Invol								
				ch additio	<u> </u>	s if need							
	ull Name		DOC#		Race		Age				Crim	e(s)	
PORTER, GI			99595		W		58						
FREDRICK,	CHARLE	SEUGENE	530734		W		32					·····	
*****				Stat	ff Involve	d					—		
			(attac	ch additio			ded)						
		Full	Name		Control of the Contro			e/Pos	ition				
	Mele	ndez rodriguez,	Juan An		manus de la colonidad de la co	COR	RECT	IONA	L OF	FICER			
	Mund	day, Dwight Ga		· · ·		CORRECTIONAL OFFICER SHIFT SUPERVISOR							

Brief Summary of Incident

On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White nonaffiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American nonaffiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate

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Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.

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	Weanons He	sed/Recovered		
		nown)		
		<u> </u>	·	
applicable, was the ffender single celled?	If no, was cell partner involved?	Yes No	Name/DOC#	
	y other pertinent inform	ation specific to the	his incident	
		*		
	- 04/-			
	Notif	ication		
	Notii	leation		
	Notif	ication		
	Notii	leation		
Reported to Division Manager by:	Notii	ication		
				Time:
				Time:
lame:		Date:		Time:
Jame:		Date:		Time:
Jame:		Date:	ON OFFICER	
Name:NSPECTOR GENERAL'S OFFICE T		Date:		
Name:NSPECTOR GENERAL'S OFFICE T		Date:	ON OFFICER	
Reported to Division Manager by: Name: NSPECTOR GENERAL'S OFFICE T Signature of Manager		Date:	ON OFFICER	

Incident Classification Definitions

Offender-on-offender assaults with serious injury — A serious injury requires urgent and immediate medical treatment and restricts the offender's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stiches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Number of Offender-on-offender victims - An assault may have more than one victim; count the number of victims.

Offender-on-offender assaults without serious injury — An assault that results in an injury that does not require urgent and immediate medical treatment.

Offender-on-offender fight — Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more offenders where there was no injury.

Offender-on-offender assaults by throwing substances – Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

<u>Disruptive Event</u> – Incidents brought about by offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

<u>Victim</u> – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.

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Serious Incident Database Report Private Prisons

1.	Facility: Cimarron Correctional					
2.	Date of Incident: 11/14/2017					
3.	Offender Offense History:					
4.	Area of Incident:					
5.	Narrative:					
6.	Who was the first responder to the incident?					
7.	If PREA, was the incident referred to Intern	al Affairs?				
8.	If Use of Force was used, was it?					
9.	. If planned, was Medical contacted prior to Use of Force?					
10.	0. Was the incident video recorded?					
11.	If electronic technology was used, was the of	fender medically cleared?				
12.	What type of non-deadly force equipment w	as used?				
	Inflammatory	Electronic Technology				
	oc oc	Electronic Shield				
	CS (Private Prisons ONLY)	Radio Active Custody Control				
		Taser				
	Physical Restraint Device					
	Belly Chains	Leg Irons				
	Four or Five point restraints	Restraint Chair				
	Handcuffs	Other				

13.	What level of force was used?	
	Inflammatory Agent	
	ОС	Weight prior to use:
	CS (Private Prisons ONLY)	Weight prior to use:
	Deadly Force	Impact Weapons
	Hand Gun	Baton
	Rifle-Sniper	Collapsible Baton
	Rifle-Tower	
	Shot Gun	
	Physical Contact	
	Defensive Tactics- hold	
	Offensive Tactics- Striking	
14.	Was more than one camera used to record	incident?
15.	Were there injuries during the Use of Force	e?
16.	Where was the injury treated?	
17.	Injuries Sustained:	
	Staff Offender	Both
18.	What was the mental health levels of the of	ffenders involved?
19.	Was the offender taking prescribed medica	ations?

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			OP-050108
			Page 3 of 3
20.	Was the incident racially motivat	red?	

21. Race(s) involved?		
Black	White	
Hispanic	Native American	
Other		

14-2C

Alleged Perpetr	ator		Facility: Cimarron Correctional
	alui	CHARLES FREDRICK (530734)	the available without the control
Date/Time:	Regui	red Activities	
INITIAL REPO	RT	OR ALLEGATIONS OF SEXUAL ABUSE	
11/14/2017 18:10	X	First responder separates inmate/detainee from alleged	perpetrator and notifies Shift Supervisor.
		If the alleged incident involves an identified staff perpetr inmate/detainee contact role or on administrative leave	rator, ensure steps are taken to place this person in a non- pending the investigation.
11/14/2017 18:17	X	Security immediately escorts inmate/detainee to Health	Services Department, (physical contact only)
11/14/2017 18:17	X	Health Services Department stabilizes/assesses victim.	(physical contact only)
		Health Services Department notifies the SART represer (VSD)/medical	ntative (i.e. mental health/Victim Services Coordinator
		Inmate/detainee is not allowed to shower, remove cloth consume any liquids (in order to preserve evidence). (p	
11/14/2017 18:15	X	Shift Supervisor notifies Warden/Facility Administrator (ADO after hours) and PREA Compliance Manager
11/14/2017 18:18	×	Shift Supervisor or Investigator obtains a brief statemen Department.	it from the alleged victim, while in the Health Services
		Victim requested victim advocate.	
		When requested victim advocate was made available.	
		If report alleges sexual abuse/penetration, the agency recontacted and, if determined evidentiarily appropriate, the	esponsible for conducting criminal investigations is he victim is transported offsite for a SAFE/SANE exam.
		Medical staff ensure victim receives appropriate treatme any injuries sustained.	ent onsite or transport offsite to outside medical provider for
		If report alleges physical abuse/penetration and is within preserving evidence. Shift Supervisor and/or investigate and photographing the scene and visible evidence at the	natime frame recommended by investigating agency for or preserves the crime scene by scaling access, if possible, e scene (e.g. tissue or blood).
11/14/2017 19:00	X.	If the alleged perpetrator is an inmate/defaince security	staff ensures he/she is placed in a single cell,(if available) is etainee is not allowed to wash, shower, or change clothes
		The PREA Compliance Manager or facility Investigator asks for guidance in crime scene preservation and coor	notifies local law enforcement officers of the allegation and dinating the investigation. (only if allegation is a criminal act
11/14/2017 18:20	X	The Warden/Facility Administrator/designee or ADO not	tifies the contracting agency
11/14/2017 21:52	X	The Warden/Facility-Administrator/designee or ADO en- required documentation is completed within 24 hours of harassment.	sures the 5-1A incident Report and any contracting agency the initial report or allegation of sexual abuse and/or
INITIAL PREA		VIEW (48 to 72 HOURS AFTER REPORT)	
12/20/2017 14:30	<u>X</u>	Managing Director convenes a preliminary review of the Administrator, PREA Compliance Manager, facility Invescommittee members.	response to the incident involving the Warden/Facility stigator, the FSC PREA Coordinator, and available PREA
ONGOING PRE	A R	ETALIATION MONITORING (for at least	90 days following report)
Date Assigned:	X	For at least 90 days following a report of sexual abuse,	
11/15/2017 08:00		suffered sexual abuse to see if there are changes that n staff, and shall act promptly to remedy any such realiat	nay suggest possible retailiation by inmates/detainees or ion. Items the facility should monitor include any.
Person Assigned:		inmate/detainee disciplinary reports, housing, or program	
G. Jones			mornioning beyond so days if the initial mornioning indicates lented using 14-2D Ongoing PREA Retallation Monitoring

Name Date and Dime Signed

Joseph M Roemmich

CHIEF OF SECURITY

12/26/2017 10:16

INCIDENT STATEMENT

Incident Date 1//4//7 Incident Time (HRS) 1810 Person Name ID Number Person Type Person Role (Employee #/inmate #/Civilian ID) (Witness or Participan Temple Person Type Person Role (Employee/Inmate/Civilian) Witness or Participan Temple Person Type Person Role (Employee/Inmate/Civilian) Witness or Participan Temple Person Type Person Type Person Role (Employee/Inmate/Civilian) Person Type Person Role (Employee/Inmate/Civilian) Person Type Person Role (Employee/Inmate/Civilian) Person Type Person Type Person Role (Employee/Inmate/Civilian) Person Type P	ant)
(Employee #/Inmate #/Civilian ID) (Employee/Inmate/Civilian). (Witness or Particip Charles Fredric/L	ant)
Housing Location (For Inmates/Residents Only) Based on your own knowledge, what did you see, hear, and do?	
Based on your own knowledge, what did you see, hear, and do?	
He called me a punk and I hit him.	

	######################################
Did you receive any injuries? YES or NO (If YES, Explain Below)	
Were you evaluated by medical? YES or NO	**************
Charles Coloring Parago	***************************************
Printed Name: Warles Diedrick 530739	
Signature: Date: VI-14-	7
Date	7
Signature: Typed By: Date: Date:	7 c.
Signature: Typed By: This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1 Place an "X" in the appropriate box:	7 c.
Signature: Typed By: Date: Date:	G.
Signature: Typed By: This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1 Place an "X" in the appropriate box: Inmate/Resident refused to complete this 5-1C	<i></i>
Signature:	G.
Signature: Typed By: This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1 Place an "X" in the appropriate box: Inmate/Resident refused to complete this 5-1C Civilian/Other refused to complete this 5-1C	<i>7</i>

INCIDENT STATEMENT

Facility Cimarron Correctional Facility	Facility Cimarron Correctional Facility Incident Number 2017-1003-639-PREA						
Incident Date 11/14/17	Incide	ent Time (HRS) 1810	u (1 m. 1 m				
Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civillan)	Person Role (Witness or Participant)				
D. Munday	16524440	Employee	Participant				
Housing Location (For Inmates/Reside	onfe Arslvi	or/ //NE/MAT hera ⁿ y/PERNONEE/MATHERINANEE	<u> </u>				
reducing Location (1 or minuted incolute		***************************************	20090011 - Indiana - Amerika -				
Based on your own knowledge, what c							
On Tuesday November 14, 2017 at 1810 hours I Shift Supervisor Dwight Munday was notified by Correctional Officer Melendez of a possible PREA in Golf 1060 between inmate Glenn Porter ODOC# 99595 and inmate Charles Fredrick ODOC# 530734. I removed Inmate Porter from cell 1060 and escorted him to medical for evaluation and to be interviewed. During the interview Inmate Porter stated that inmate Fredrick was making comments about his breast, and attempted to grab his breast. Inmate then stated that after inmate Fredrick attempted to grab his breast a second time Inmate Porter shoved inmate Fredrick, which inmate Fredrick then assaulted him. I then conducted an interview with inmate Fredrick he stated that he did assault inmate Porter but never made comments or attempted to grab his breast. At this time I turned the investigation over to the Facility Investigator. Did you receive any injuries? YES or NO (If YES, Explain Below) NO							
Were you evaluated by medical? YES Printed Name: D. Munday	or NO NO						
Signature: January		Date:	11/14/17				
Typed By: D. Munday		Date:	**************************************				
his section to be completed by CoreCivic staff if the civilian/other or inmate/resident refused to complete the 5-C. Place an "X" in the appropriate box: Inmate/Resident refused to complete this 5-1C Civilian/Other refused to complete this 5-1C							
Employee/Witness Printed		Date:					
Name Employee/Witness Signature	Настроительный при		Haranan kanan k				
Employee/vatness signature							
Employee/Witness Printed Name	148 (148 (148 (148 (148 (148 (148 (148 (Date:					
Employee/Witness Signature	WAREACTOR CONTRACTOR C	T					

I	NCIDENT STA	TEMENT		
Facility Cinamon Computional Fa	21149	Incident Number	2017-16	203 639-PULA
Incident Date 1///4/17	rydagggarannyy harriwy naganata di ayangkarayanging a Aribitis Aliquidak kananatan	Incident Time (HRS) 1812	
Person Name	ID Number	Person	Type	Person Role
	(Employee #/Inmate #/C	vilian ID) (Employee/Inm	ate/Civilian)	(Witness or Participant)
Miss Genn Yorker	99595	Convi	CF	18tholBN
Housing Location (For Inmates/Residen	ts Only) C-	\o € O		M24444201144.
Based on your own knowledge, what die My Cellie Charles To Breast & Tried to grab the needed to go the Jumped on me & Starts Ribs on Left Side. The Talked & Talked Did you receive any injuries? YES or N	redrick STa one + B To Tried Again ad Hitting Me -M requesto +8 START A	rted MAKing (Bld Him to Le L + + Pushed all in my be ng Protective Sout housing	Pave M (HIM) ad on Measu	AWAY And He LEFT Side and
Were you evaluated by medical? YES	d NO		3430.000 · · · · · · · · · · · · · · · · ·	
Printed Name: MISS / Lenn Pa	del	- All a still the transfer of the still the transfer of the still		
Signature: Man Chem ()	W		Date:	14 16017
Typed By:	er en		Date:	
Place an "X" in the appropriate box:		or inmate/resident r	efused to c	omplete the 5-1C.
Inmate/Resident refused to c	omplete this 5-1C	The state of the s		
Offinite office for the season to went	<u> </u>	Acceptance of the Control of the Con	<u> </u>	es de la constant de
Employee/Witness Printed Name	A Control of the Cont	Name to the state of the state	Date:	
Employee/Witness Signature				The state of the s
Employee/Witness Printed Name	HEREX	384888414448-31	Date:	
Employee/Witness Signature	Aggraga (Aggraga (Ag	A-22/2014 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	and the second s	3,4 (3,5) + 2,33 (3,5) + 3,33 (3

NCIDENT STATEMENT

		INCIDENT STA	IEME	NI			
Facility CCF			incide	nt Number 📑	2017-	1003-(639 - PREA
Incident Date	11.17. 2017.		Incide	nt Time (HRS)	1810		
	oon Name VENOVZ	ID Number (Employee #/Inmate #/0 EMPUSYES 2:	ivillan ID)	Person Ty (Employee/Inmate EMPLOYEE	/Civillan)	(Witness o	n Role Participant)
Housing Locatio	n (For Inmates/Re	sidents Only)				·-	
PACTOSUT NO INCO DAN I HE TOLD TO AH MAHUM DEHOVOT DAN NON ONA NONA ONA	NOVEMBER 14 ROUND AT COULDN'T LIVE MATE: PORTER F HIS BREACTS. IT IN THE PH	hat did you see, hear, and 2017 AT 1800 Hea 1800 Hea Affrox. IA WITH THE IMMATE: G ROM CEL-# 1060 GOU THEN REMOVE THE ONE CAGE. AND IVM SE OF THE CITUATION	MATE: LEEN, PO TEUS INMATE MEDIATI	METER DOC. 44 MG THAT TH : PREDEIGK G SLY NOTIPY	08106 C 99595 E INMA BOM T	XIC.# 58 (HU CEI TE: FREC HE CEU	30734 LY). IT'S RICE. # 1060.
Did you receive	eny Injuries? YES	or NO (If YES; Explain E	ielow)				
Were you evalua	ted by medical?	YES or NO:	нения принцика принцика Науктичний принцика		**************************************	ue personal de la company	
Printed Name:	JUAN A. N	KIENOOS.	W Almiro, all processing the manufacture		THE REAL PROPERTY OF THE PERSON OF THE PERSO	44-	
Signature: Typed By:		V.Y.			Date: Date:	11.17.	2017.
6.	completed by Con	reCivic staff if the civilian	other or i	inmate/residen	t refused	to comp	lete the 5-
<u> Inmat</u>	/Resident refuse	d to complete this 5-1C					
Civilia	n/Other refused to	o complete this 5-10					
Employee/Witner	ss Printed Name	марада да пределения на пред			Date:		——————————————————————————————————————
Employee/Witnes		жины () жили на при не на					
Employee/Witne	s Printed Name			министичесь филонопистемую учение общение общение общение общение общение общение общение общение общение обще	Date:		
Employee/Witne			William				



DATE: November 16, 2017

TO: Johnny Blevins, Director, Office of Fugitive Apprehensions and

Investigations

THRU: Greg Williams, Director, Region III

FROM: Raymond Byrd, Warden

Cimarron Correctional Facility

SUBJECT: Request for Investigation PREA

On Tuesday November 14, 2017 at 1810 inmate Glenn Porter ODOC# 99595 (a 58 year old White STG none) stopped Correctional Officer Juan Melendez and stated that inmate Charles Fredrick ODOC#530734 (a 32 year old Native American STG none) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez then notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast. Inmate Porter then told inmate Fredrick to leave him alone and inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempts to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

Facility Investigator Greg Jones arrived in medical to conduct a further investigation with inmate Porter.

Inmate Fredrick was moved to Alpha North cell 256. Inmate Porter remains in Golf 1060.

2017-1003-639-PREA

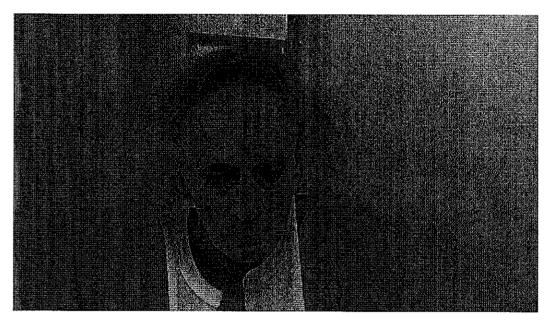
Sexual Harassment

Date: 11/14/2017

P1-P7

Time: 1810

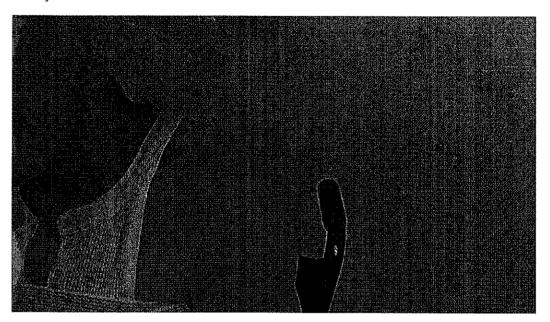
P1: Inmate Porter # 99595



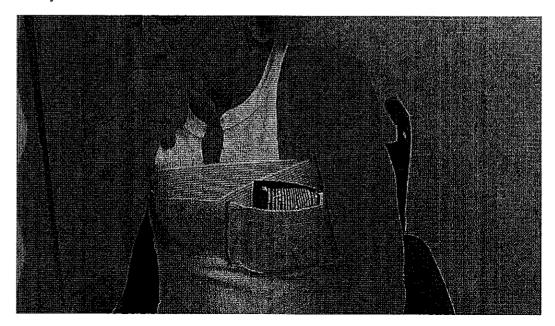
P2: Injuries to inmate Porter



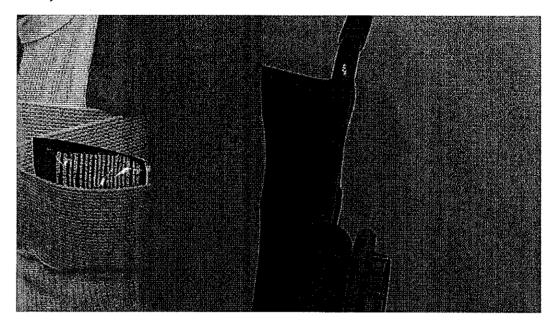
P3: Injuries to inmate Porter



P4: Injuries to inmate Porter



P5: Injuries to inmate Porter



P6: Injuries to inmate Porter



P7: Inmate Fredrick 530734



DEPARTMENT OF CORRECTIONS OFFENSE REPORT

042585

Name of Facility Cinarian Connectional Facility	Facility Computer Code 042
Section	
Offender Name: DOC#:	Date of Offense: Time: ////////////////////////////////////
Place of Offense;	Housing Assignment
Offense: (4-4233, b# 1, 2) Immade on Inmate assault	Further in way Offense Computer Code:
Class of Offense:	to the to the total of the tota
Description of Incident (to Include any unusual offender behavior):	(4-4233, b#3) (A
Immate Fredrick assayled immate to	ter in Bolk 1060
Company of the Compan	To the second se
manuscus and the second	
Staff or Offender Witness (If any) (4-4233, b#4)	
The state of the s	
Disposition of Physical Evidence (If any) (4-4233, b#5) Photogram	raphes
Immediate Action Taken (to include the use of force and prehearing	g detention) (4-4233, b#6) 177, Sabuttani Her
Printed Name and Title of Reporting Employee (4-4233, b#7)	Signature of Reporting Employee
Name De Musica	
Title 3/3	Date // 14/12 Time 28%
Section II and the section is a section of the sect	
To be referred within 24 hours from th	e time the violation is reported.
Referred for investigation by:	***************************************
Name James Whow	A TOTAL AND A TOTA
Date 11 / 15 / 17 Time: _	0007
Section III Offender should initial appropriate respo	inse de la companya
I have received a copy of the written charge against r	me. I realize that I have a right to remain silent.
I plead guilty and waive my right to an appeal.	
I plead not guilty.	
I plead not gullty and waive my right to 24 hours prep	aration time.
Office deals Office to	Photograph and the second seco
Offender's Signature	DOC#/Time
Offender chose not to sign for a copy of the Offense Report a	at this time.
Offense Report Delivered to above offender by (Print and Sign)	Date Delivered Time Delivered
(4-4236, 4-4238)	

ORIGINAL: Commitment Document Folder FIRST COPY: Field File

MH-B Meds No

	IMENT OF CORRECTIONS MSRM 140117.01.48
Chief omplaint PATA (Medical II) Onse Medical History: None Asthma CAD COPD CVA Aller Pis: A One 3 Clarke	y Care Record Page 1 of 2
(Medical I	Diagram of Injury) (R-12/15)
words with the property of the	mote ASWILL
Care Company	
VIISE	DM HTN HIV MI Scizures Cancer (Hep C)
Medi - Bustory: None Actima CAD COPD CVA	DM HTN HW MI Scizures Cancer Hep C
Aller 3/5: 100000 \$ 049000	
Curren Medications: PRINCE OF AID	acrone, estable, 434
Vital Sgns: B/P 1 0 R: P: 10 T:	91.4 Wt. 02 sat: 97)2 FSBS:
AND THE COMPANY AND ASSOCIATED CHICAGO AND	A UNION CONTROLLAR CON
WNI Labored Cough SOB Wheezes Stridor Crackles	WNI Chart pain Left arm pain Diaphoracie Orthoppea
Hemo Pysis Pain with breathing Diminished Nasal flaring	Ribona Polnitatione Dizzu enalle Sunrane Tachucardia
Other: Chi Ph PIP 5 CO14 & 1h property	Denderatedia Othan
Other VV V V V V V V V V V V V V V V V V V	Januy Latetta Octobri
en 2000 de la Constitution de la	A Contonvigueza Salas Salas
WNE Nausea Diarrhea Dysphagia Melena Constipation	WNL Bysuria Nocturia Frequency Incontinence Flank pain
Vomiting: Clear Gastric Coffee grounds	Male: Discharge Penile lesions
Flematemesis Hematochezia	Testicle pain Testicle swelling
Abdo Men: (Soft) Tender Firm Distended	Female: Vaginal discharge Abnormal bleeding
Bowel founds: WNL Hyperactive Hypoactive Absent	Pelvic pain Dysmenorrhea Pregnant
Other:	Other:
	Threatments of the second
Warm Cool Dry Clammy Moist	Oxygen applied: Time:liters
Color: WNL. Pate Flushed Cyanotic Jaundice	☐ IV access started: Time: Jelco size:
M/Membrane WNI Moisi Sticky Parched	Site. Incerted by
The Man Man Dangtood	Site: Inserted by: □ Lactated Ringer □ D5W □ Normal Saline
Turgor WNL Decreased Edema Absent Present	CPR started: Time: CPR terminated: Time:
Laceration: cm R/L Upper/Lower	C Life Pack applied: Time:
Location: Forehead Supraorbital Infraorbital	☐ VS every 5 -10 minutes until transported:
	Times DD Dules Reen 02 sate
Zygoma Maxilla Mandible Lid Ear Nose	Time: BP Pulse Resp. O2 sats. Time: BP Pulse Resp. O2 sats. Time: BP Pulse Resp. O2 sats.
Lip Mouth Chin Neck Hand Wrist Forearm	DD Dulas Dara 02 cats
Elbow Leg Chest Back Shoulder Foot Ankle	☐ Emergency department notification time: Report
Type: Avulsion Flap Linear Jagged Stellate Irregular	
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea	given to:
Other:	Time ambulance notified: Ambulance arrival time:
Eyes/Danskinge/Thirtial	Ambulance departure time: Time:
Eyes: WNL Blurred vision Double vision Discharge	decelerates given; (decelerates)
Redness Photophobia L. L. W. Will. K. W. W. Pain Bleeding Drainage Ringing Hearing loss	Send copy of ER assessment/treatment and Medication Charting
Ears: WNL Pain Bleeding Drainage Ringing Hearing loss	Sheet (MAR's) to emergency department with patient
Nose WNL Bleeding Congestion Discharge	Plant (HAA 3) to distribute of
Throwig WDK, Pain Swelling Voice change	
Mouth: MDL Pain Swelling Bleeding	In stayes was Missicalle Atto CX
Other:	Assertand in AGAI MANJara ()
and the state of t	All a La Land I will a but on a sold
	700 T 71 71 10 10 10 10 10 10 10 10 10 10 10 10 10
WNI_Oriented X.3 Disoriented - person / place / time	SVAFMONNY HEAVESTIME TUNIFICE
Headaches Dizziness Seizure Tremors Painting	Horamore Whole Was son les
Walking problems Speech problems	TARROLLA Dies a Mill A CHA, NOWARE
R/L: Altered sensation	The state of the s
R/L: Altered motor	AH CAU IV " SIV WITH THE STEPHEN
Pulses: Present Absent	(think)
Other:	
vyras(arthicleoresa)	
R/L: Pain Swelling Bruising Fracture Sprain	N. V. I. D. S. J. CON N. A. C. J. D. S. J. H. H. J. J. J. E. A. J.
Neck Chest wall Rib(s) Back Shoulder Arm Elbow	Medical Provider/RN Notified: Date: 177 Time: 150
	Orders Received for Treatment: I Yes I No
Forearm Wrist Hand Pelvis Hip Leg Knee Foot Other:	CI. IONALI A
2 2222 2	QHCP Signature A WONCO (A)

		AHOMA DEPARTMENT OF CORRECTI URSING PRACTICE PROTOCOLS Medical/Diagram of Injury MANAGE 3. S. A.	ONS MSRM 140117.01,48 Page 2 of 2 (R-12/15) SWOMN-BNUSH 8.
	5		The second secon
tory young processor.	Two (hast true	The state of the s
	Back		Front
	(Nursing Protocol must be signed by the Me medication required) NOTIFY MEDICAL PROVIDER/RN IMMEDIATEL Lacerations	dical Provider if offender displays any of the be	elow s/s or any additional treatment/
•	Wöund(s) is severe /deep / requires sutures Bleeding is uncontrolled	Obvious deformity, Loss of sensation Numbness/severe pain, Absent distal pulses	Deformity is present Impaired neurological/vascular status
	Wound has imbedded debris not easily imigated out Laceration to the face, ear, nose, eyelid or	Mechanism of injury suggesting hidden trauma Takes anticoagulants, Over age 50	Mechanism of injury suggesting hidden trauma Marked swelling is present
	over joint Wound that edges do not approximate easily with Steri — Strips Signs of infection present	(If suspected fracture of the cervical spine, evaluate respiratory function continuously,	Condition not responding to intervention
	Laceration to the abdomen or chest that may penetrate underlying organs	place c-collar, call 911, do not attempt to move patient)	
,	Assessment: Q Alleration in skill integrity related to trauma. Plan: Nursing Intervention Routine: (check all the		
	Lacerations	Fractures	Contusions
	Stop bleeding with pressure Apply telfa pad, clean dry dressing	C-collar, back board, c-spine precautions [Immobilize affected limb prior to moving	Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN
Z. NA MON.	or butterfly dressing Q. Wash well with antiseptic soap, sterile water	Elevate affected limb Splint joint above and below injury	CI Apply toe to the affected area to reduce
·	or sterile normal saline, remove all ingrained dirt Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days	Apply ica Sling for upper extremity	Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days
	OR D buprofen 200 mg - 2 tablets p.o. three	Cover open wound with sterile dressing	OR I buprofen 200 mg – 2 tablets p.o. three
	times a day for 4 days Arrange for dressing change, wound check	Crutches (if indicated) Aceteminophen 325 mg - 2 tablets p.o. three	times a day for 4 days Arrange for dressing change, wound check
-	and suture removal	times a day for 4days OR U buprofen 200 mg – 2 tablets p.o. three	and suture removal Consider crutches if lower extremity
		times a day for 4 days Arrange-for-dressing change, wound-check	

MH-B Meds No

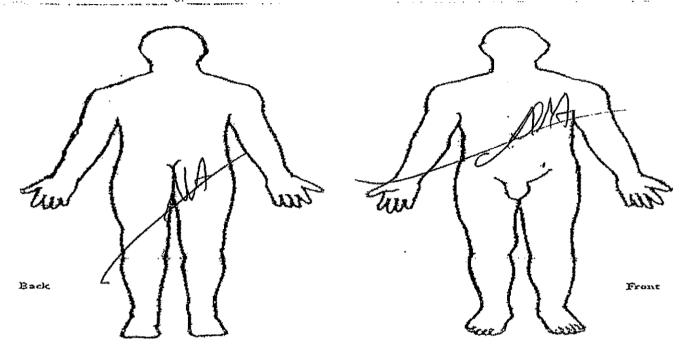
OKLAHOMA DEPART	IMENT OF CORRECTIONS MSRM 140117.01.48
Emergency Emergency	y Care Record Page 1 of 2
(Medical E	Diagram of Injury) (R-12/15)
Chief complaint The My WW OV LA	was Homes
Onse *: L	Location: CMA 1000
Medical History: None Asthma CAD COPD CVA	DM HTN HIM MI Scizures Cancer Hep C
Chief omplaint: PATH (Medical Emergence (Medical Emergence) Chief omplaint: PATH (Medical Emergence) Chief omplaint: PATH (Medical Emergence) Medical Emergence (Medical Emergence) Medical Emergence (Medical Emergence) Medical Emergence (Medical Emergence) (Medical Emergenc	actone, estrace, ASA
	Cold and a sound
Vital Sgns: B/P 1 / AR: P: 11 F:	TWt, U2 sat: // //FSBS:
Remembers	
WNI Labored Cough SOB Wheezes Stridor Crackles Hemolysis Pain with breathing Diminished Nasal flaring	No Crest pain Leit arm pain Diaphoresis Orthophea
Other Chi W Ph DIP 5 CO14 & 114 property	Bradycardia Other:
Granding than Carte and Ca	de de la contraction de la con
WNE Nausea Diarrhea Dysphagia Melena Constipation	WNL Dysuria Nocturia Prequency Incontinence Flank pain
Vomiting: Clear Gastric Coffee grounds	Male: Discharge Penile lesions
Hematemesis Hematochezia	Testicle pain Testicle swelling
Abdo Men: Soft Tender Firm Distended	Female: Vaginal discharge Abnormal bleeding
Bowe I sounds: WNL Hyperactive Hypoactive Absent	Pelvic pain Dysmenorrhea Pregnant
Other:	Other:
Warm Cool Dry Clammy Moist	Utivariane iris Oxygen applied: Time: liters
Color: WNL Pale Flushed Cyanotic Jaundice	U IV access started: Time: Jelco size:
M/Membrane WNI / Moist Sticky Parched	Site: Inscreed by:
Turgor WNL Decreased Edema: Absent Present	☐ Lactated Ringer ☐ D5W ☐ Normal Saline
Edenta: Absent Present	☐ CPR started: Time: CPR terminated: Time:
Laceration: cm R/L upper/Lower	☐ Life Pack applied: Time:
Location: Forehead Supraorbital Infraorbital	U VS every 5-10 minutes until transported:
Zygoma Maxilla Mandible Lid Ear Nose Lip Mouth Chin Neck Hand Wrist Forearm	Time: RP Pulse Resp. 02 sats.
Elbow Leg Chest Back Shoulder Foot Ankle	Time: BP Pulse Resp. O2 sats. Time: BP Pulse Resp. O2 sats. Time: BP Pulse Resp. O2 sats.
Type: Avulsion Flap Linear Jagged Stellate Irregular	☐ Emergency department notification time: Report
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea	given to: Time ambulance notified: Ambulance arrival time:
Other:	Time ambulance notified: Ambulance arrival time:
Jayes (Laus) (Yusyi Tibrah)	Ambulance departure time: Time:
Eyes: WNL Blurred vision Double vision Discharge	U Tetanus given: Time: (dose/route/location)
Redness Photophobia L) LL NOT WILLIAM	Send copy of ER assessment/treatment and Medication Charting
Kars: WNL Pain Bleeding Drainage Ringing Hearing loss Nose: WNL Bleeding Congestion Discharge	Sheet (MAR's) to emergency department with patient
Throat; Why Pain Swelling Voice change	A CONTRACTOR OF THE STATE OF TH
Mouth: WM Pain Swelling Bleeding	Im starkes was Musically Atto CR
Other:	ASSINDAYO IN P.GAL, MANJAMINI ON
PARTIES THE CONTRACT OF THE PROPERTY OF THE PR	MEAKAMAN 19/1/mote mach
WNL Oriented X.3 Disoriented - person / place / time	SUNDAMMENT ASECUSTUAL HARMONY
Headaches Dizziness Seizure Tremors Fainting	+1 - mass While The Simile
Walking problems Speech problems	Macked him a Will Astitu wallder
R/L: Altered sensation	Ma and Mere 180 action to the discourse
R/L: Altered motor Pulses: Present Absent	And Coult the said th
Other:	And the second s
Tiprosentophologia	
R/L: Pain Swelling Bruising Fracture Sprain	Medical Provider/RN Notified: Date: HTmc:
Neck Chest wall Rib(s) Back Shoulder Arm Elbow	Orders Received for Treatment: Il Yes Il No
Forearm Wrist Hand Pelvis Hin Lee Knee Foot	CATHORS INCOME OF THE TREATMENT OF THE STATE
Other: (L) Side " M. 1-10	QHCP Signature Waren Ch
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		AHQMA DEPARTMENT OF CORRECTI	-
	N	URSING PRACTICE PROTOCOLS	Page 2 of 2
		Modical/Diagram of Injury	/ (R- 12/15)
	1. DCN (ACM) WOLDSHIT 2. 8/1/1	Well Morosac! 3. Stx outline 1	VINDAS SWONDER RIVESULE
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	/Alicenters Dentmant worst has alonged by the Alice	dical Provider if offender displays any of the be	lmu ele or any additional traatment/
	medication required)	ulcai Frovider il diferider displays arry of the De	MOM 919 Of Billy additional frequential
	NOTIFY NEDICAL PROVIDER/RN IMMEDIATE	У	At November 1990, and a second distribution of the second specific to the second secon
	Lacerations	Fractures	Contusion
	☐ Wötind(s) is severe /deep / requires sutures	Obvious deformity, Loss of sensation	☐ Deformity is present
	Dieeding is uncontrolled	☐ Numbness/severe pain, Absent distal pulses	☐ Impaired neurological/vascular status
	Wound has imbedded debris not easily	Mechanism of injury suggesting hidden	Mechanism of injury suggesting hidden
	inigated cut	frauma	Irauma
	Laceration to the face, ear, nose, eyelld or	☐ Takes anticoagulants, Over age 50	Marked swelling is present
	overjoint	☐ X-rays, tetanus booster	Condition not responding to intervention
	☐ Wound that edges do not approximate		- producing programmes accounted it, the coloubles of classical and produced in the produced in the colour classical and
	easily with Steri - Strips	(If suspected fracture of the cervical spine,	
	Signs of infection present	evaluate respiratory function continuously, place c-collar, call 911, do not attempt to	
	☐ Laceration to the abdomen or chest that	place c-collar, call 911, do not attempt to move patient)	·
	may penetrate underlying organs	erren in in the second state of the second s	
	Assessment:		
	Q Alferation in skin integrity related to trauma	Control of the Contro	
	Plan: Nursing Intervention Routine: (check all t		*
	. Lacerations	Fractures	Contusions
	Stop bleeding with pressure	C-collar, back board, c-spine precautions	Consider immobilization of injury with splint
	Apply telfa pad, clean dry dressing	[Immobilize affected limb prior to moving	or ace wrap until seen by medical provider or RN
00 A HO	or butterfly dressing	Q Elevate affected limb	Apply ice to the affected area to reduce
	Q Wash well with antiseptic soap, sterile water	Q Splint joint above and below injury	swelling
	or sterile normal saline, remove all ingrained dirt	_Q_Apply.ice	* Cl Acetaminophen 325 mg - 2 tablets p.o. three
	Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days	Sling for upper extremity	times a day for 4days
	OR	ice to closed injury site	<u>or</u> .
	D Ibuprofen 200 mg - 2 tablets p.o. three	Over open wound with sterile dressing	☐ Ibuprofen 200 mg — 2 tablets p.o. three
	times a day for 4 days	Crutches (if indicated)	times a day for 4 days
	☐ Arrange for dressing change, wound check	Acetaminophen 325 mg - 2 tablets p.o. three	Arrange for dressing change, wound check and suture removal
	and sulure removel	times a day for 4days	and suture removal
		OR D Ibuprofen 200 mg - 2 tablets p.o. three	LA CHISTOCHES II IOWEI EXTERNITY
		times a day for 4 days	1
		Arrange for dressing change, wound check	
	,		

¥ (4)	PMINITER CLASSICATIONS y Care Record MH-A Mods-No Transition of the Market Mar
Chief Complaint: IMIIM McIdent Ons of Medical History: Assima CAD COPD CVA Allergies: MA Current Medications: MA	Location: Golf UNI HTM INV MI Seizures Cancer Hept
Vita 1 8 igns: B/P\25 86 R: 16 P: 108 T:	Wi Oz sai:) 7 FSBS:
WNI Labored Cough SOB Wheezes Stridor Crackles Hemoptysis Pain with breathing Diminished Nasal flaring Other:	Edema Palpitations Dizzy spells Syncope Tachycardia Bradycardia Other:
Gastromtestinal WND Nausea Diarrhea Dysphagia Melena Constipation Vonziling: Clear Gastric Coffee grounds Hematemesis Hematochezia Abdomen: Soft Tender Firm Distended Bowel sounds WND Hyperactive Hypoactive Absent Other:	WNL Dysuria Nocturia Frequency Incontinence Flank pain Male: Discharge Penile lesions Testicle pain Testicle swelling Female: Vaginal discharge Abnormal bleeding Pelvic pain Dysmenorrhea Pregnant Other:
Warm Cool Or Clammy Moist Color: WNL Pale Flushed Cyanotic Jaundice M/Membrane: WNL Moist Sticky Parched Turgor: VND Decreased Ederna: Absent Present Laceration: cm R/L Upper/Lower Location: Forehead Supraorbital Infraorbital	Doxygen applied: Time: Jeleo size:
WNI) Oriented X 3 Disoriented - person / place / time Teadaches Dizziness Seizure Tremors Fainting Walking problems Speech problems R / L: Altered sensation R / L: Altered motor Pulses: Present Absent Other:	
VL: Pain Swelling Bruising Fracture Sprain Veck Chest wall Rib(s) Spek Shoulder Arm Elbow Forcarm Wrist Hand Tulvis Hip Leg Knee Foot Other:	Medical Provider/RN Notified: Date: Time Orders Received for Treatments II Yes II No OHCP Signature:

OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS Medical Diagram of Injury

a polygon and answers of an inches



NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IE:

Lacerations	Fractures	Contusion
Wound(s) is severe Ideep I requires sutures Bleeding is uncontrolled Wound has imbedded debris not easily irrigated out Laceration to the face, ear, nose, eyelid or over joint Wound that edges do not approximate easily with Steri – Strips Signs of infection present Laceration to the abdomen or chest that may penetrate underlying organs	Obvious deformity, Loss of sensation Numbness/severe pain, Absent distal pulses Mechanism of injury suggesting hidden trauma Takes anticoagulants, Over age 50 X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	Deformity is present Impaired neurological/vascular status Mechanism of injury suggesting hidden trauma Marked swelling is present Condition not responding to intervention

Assessment:

0 Alteration in skin integrity related to trauma

Plan:		10 11 10 1 10 10 10 10 10 10 10 10 10 10
Lacerations	Fractures	Contusions
Nursing Intervention Routine	Nursing Intervention Routine	Nursing Intervention Routine
Il Stop bleeding with pressure Il Apply telfa pad, clean dry dressing or butterfly dressing Il Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt Il Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR Il buprofen 200 mg - 2 tablets p.o. three times a day for 4 days Il Arrange for dressing change, wound check and suture removal	D C-collar, back board, c-spine precautions D Immobilize affected limb prior to moving D Elevate affected limb D Splint joint above and below injury D Apply ice D Sling for upper extremity D Ice to closed injury site D Cover open wound with sterile dressing D Crutches (if indicated) D Acetarninophen 325 mg · 2 tablets p.o. three times a day for 4days D Ibuprolen 200 mg — 2 tablets p.o. three times a day for 4 days	Il Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN II Apply ice to the affected area to reduce swelling II Acetaminophen 325 mg - 2 lablets p.o. three times a day for 4days OR Il Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days II Arrange for dressing change, wound check and sulure removal II Consider crutches it lower extremity
	Arrange for dressing change, wound check	

Offender Education: Instructed to keep wound clean and dry, symptoms of induction, follow up sick call if no improvement, condition we seem or inser-site independent verbalizes understanding of instructions. Date: ///4//7 Time: | 95/ LPN Signature/credemials:

CA# 187-11417 due 11-22-17 PB

Attachment H OP-050108 Page 1 of 3

		<u> </u>	- I	A CONTRACTOR	, ,	<u> </u>	7 1	مرسيه		Page 1 of 3	
			Inciden	t Notif	icatio	on C	hecklist				
	r injurie	es will require a	a follow-up	e-mail	to pro	vide	the cond	ition of staff a		occurred. An update enders. This update	
Original: Updated:											
Facility:	Cima	rron Correction	al Facility		Repo	orted	by:	Warden Ray	mond By	rd	
Type of Incident:		PREA Allegati	on/inmate	Fight	- HANNE		***************************************	A. 1941. 1 . 10			
Date/Time Inciden Occurred:		11/14/17 @ 1	810		ŀ		/Time ion Mana	ger Notified:		· · · · · · · · · · · · · · · · · · ·	
Location of Incider dining hall, etc.)	ıt (Unit	, Quad, Cell,	Golf Cell	1060				Unit locked	down?	□Yes ⊠ No	
Has DOC Inspecto General been notified?	or	⊠Yes ∏No	No By Whom? Facil				stigator	When?	11/14/1	11/14/17 1845	
		············	Ir	cident	Class	sifica	ition				
 Offender-on-Offender assaults with serious injury: No Number of Offender-on-Offender victims of assaults with serious injury: 0 Offender-on-Offender assaults without serious injury: No Offender-on-Offender fight: Yes Offender-on-Offender assaults by throwing substances: No Disruptive Event: No 											
5. Disruptive		120		ffende				, and the second	- ,,	· · · · · · · · · · · · · · · · · · ·	
Full N	ama		(attach a		al pag Race	jes if	needed) Age		Cris	me(s)	
Glenn Porter 99595 White					58	· ·	Life for M	urder first degree nie County			
Charles Fredrick 530734 Nativ			ive erican	1	32	serving 10 years for Manufacture of CDS out of Tulsa County					
			(attach a	Staff additiona		•	needed)				
			li Name				Title/Po		1_1		
Juan Melendez				_}		ectional C		4			
Dwight Munday Greg Jones					Shift Supervisor Facility Investigator						
.,,	····		Brief	Summ				<u> </u>			

On Tuesday November 14, 2017 at 1810 inmate Glenn Porter ODOC# 99595 (a 58 year old White STG none) stopped Correctional Officer Juan Melendez and stated that inmate Charles Fredrick ODOC#530734 (a 32 year old Native American STG none) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez then notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that Inmate Fredrick had made comments about and attempted to grab his (Porter) breast. Inmate Porter then told inmate Fredrick to leave him alone and inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to

Attachment H OP-050108 Page 2 of 3

Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempts to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

Facility Investigator Greg Jones arrived in medical to conduct a further investigation with inmate Porter.

Inmate Fredrick was moved to Alpha North cell 256. Inmate Porter remains in Golf 1060.

INMATE(S) INVOLVED:

Glenn Porter #99595 Charles Fredrick #530734

ESCORTS:

Supervisor Munday escorted Inmate Porter from Golf 1060 to medical for evaluation and then back to Golf 1060.

MEDICAL REPORTS/INJURIES TO STAFF / INMATE(S):

Inmate Porter had scratches to the forehead, left and right shoulders, and to the left forearm. He also had bruising to the left cheek, and left arm.

There were no injuries to inmate Fredrick.

USE OF FORCE:

None

ADDITIONAL INFORMATION:

Investigator Jones reported that during the interview with inmate Porter he never made a claim of PREA, and stated that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

CONCLUSION:

Inmate Porter stated that inmate Fredrick made comments about and attempted to grab his (Porter's) breast. Inmate Porter told inmate Fredrick to leave him alone at which time inmate Fredrick attempted a second time to grab his breast. Inmate Porter shoved inmate Fredrick at which time inmate Fredrick started to strike inmate Porter with a closed fist. Inmate Fredrick denies the allegations and states the fight started over inmate Porter calling him (Fredrick) a punk.

NOTIFICATION: Chief of Unit Management John Hilligoss was notified at 1815. Facility Investigator Greg Jones was notified at 1815. Contract Monitor Jamie Keef was notified at 1820 by John Hilligoss. IG Tamika Ross was notified by Greg Jones at 1845.

w manufacture a vertice a							
(Be as specific as pos	ssible—he	ead wou	Staff/Offend and, puncture wound, e		v emeraency tre	eatment/hospital transport)	
Injuries to Inmate Port cheek, and left arm.	er scratch	es to th	e forehead, left and rig	ht shoulders, and	d to the left fore	arm and bruising to the left	
	-		Weapons Used (if kno				
If applicable, was the offender single celled?							
	A	ny oth	er pertinent informati	on specific to th	is incident		
	ATTIO - 18 300 \$-0.00	· · · · · · · · · · · · · · · · · · ·	Notifica	ution			

	Attachment H OP-050108 Page 3 of 3
Name: () M	Date: 11/15/17 Time: 0865
INSPECTOR GENERAL'S OFFICE TO NOTIFY THE PUBL	IC INFORMATION OFFICER
Signature of Division Manager	Date: 11/15/17 Time: 12:11/PM
Comprehensive Report Ordered:No	
The report will be as detailed as possible utilizing Attack	nment A "Comprehensive Report."

inger Make-Mi	MHRIOR CANNICIONS y Care Record MH-A Mods-No Constant Happing Harry
Chief Complaint: IMITM Mcdeut Onset Medical History: Ashma CAD COPD CVA Allergies: MA Current Medications: MA	Location: Golf LON HIN HIV MI Scizeres Cancer Hept
Vital Signs: 13/P\25\86 R: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Wi. O2 sat; S FSBS: CHILDIDARETES: Service See Gardiovasculare. White Chest pain Left arm pain Diaphoresis Orthopnea Edema Palpitations Dizzy spells Syncope Tachycardia Bradycardia Other:
WND Nausea Diarrhea Dysphagia Melena Constipation Vomiling: Clear Gastric Coffee grounds Hematemesis Hematochezia Abdomen: Soft Tender Firm Distended Bowelsounds WND Hyperactive Hypoactive Absent Other:	WNL Dysuria Nocturia Frequency Incontinence Flank pain Male: Discharge Penile lesions Testicle pain Testicle swelling Female: Vaginal discharge Abnormal bleeding Pelvic pain Dysmenorrhea Pregnant Other:
Warm Cool OD Clammy Moist Color: WNI Pale Flushed Cyanotic Jaundice M/Membrane: WNI Moist Sticky Parched Turgor: WNI Decreased Edema: Absent Present Laceration: cm R/L Upper/Lower Location: Forehead Supraorbital Infraorbital	Oxygen applied: Time: Jelco size: Site: Inserted by: Understanted Ringer Understanted: Time: Jelco size: Site: Inserted by: Understanted Ringer Understanted: Time: Jelco size: Site: Inserted by: Understanted Ringer Understanted: Time: Jelco size: Understanted Ringer Understanted: Time: Jelco size: Understanted Ringer Understanted: Time: Jelco size: Understanted Ringer Understanted Bellow Understanted: Time: Jelco size: Jelco
Neurologient WNI) Oriented X 3 Disoriented - person / place / time Headaches Dizziness Seizure Tremors Fainting Walking problems Speech problems R/L: Altered sensation R/L: Altered motor Pulses: Present Absent Other: R/L: Pain Swelling Bruising Fracture Sprain North Chest wall Ribest Week Shoulder Arm Elbow	Medical Provider/RN Notified: Date: Time Orders Received for Treatment II Yes (I No
Forearm Wrist Hand Pelvis Flip Leg Knea: Fout	Office Signeture: Dute: 18/947 Time: 19.57

ORLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS Medical Diagram of Injury

Back Frome

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Lacerations	Fractures	Contrsion
Wo und(s) is severe /deep / requires sutures Bleeding is uncontrolled Wo und has imbedded debris not easily irrigated out Laceration to the face, ear, nose, eyelid or over joint Wo und that edges do not approximate easily with Steri - Strips Signs of infection present Laceration to the abdomen or chest that may penetrate underlying organs	① Obvious deformity, Loss of sensation ② Numbness/severe pain, Absent distal pulses ③ Mechanism of injury suggesting hidden trauma ③ Takes anticoagulants, Over age 50 ⑤ X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	Deformity is present Impaired neurological/vascular status Mechanism of injury suggesting hidden trauma Marked swelling is present Condition not responding to intervention

O Alteration in skin integrity related to trauma

Plan:		
Lacerations Nursing Intervention Routine	Fractures Nursing Intervention Routine	Contusions Nursing Intervention Routine
Il Stop bleeding with pressure Il Apply telfa pad, clean dry dressing or butterfly dressing Il Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt Il Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR Il Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days Il Arrange for dressing change, wound check and sulture removal	C-collar, back board, c-spine precautions Immobilize affected limb prior to moving Elevate affected limb Splint joint above and below injury Apply ice Sling for upper extremity Ice to closed injury site Cover open wound with sterile dressing Crutches (if indicated) Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days Ribuprolen 200 mg - 2 tablets p.o. three times a day for 4 days Arrange for dressing change, wound check and suture removal	O Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN D Apply ice to the affected area to reduce swelling Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR D Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days Arrange for dressing change, wound check and suture removal O Consider crutches if lower extremity

Offender Education: g. Instructed to keep wound clean and dry, sygns with symptoms of infaction, follow up sick call if no improvement, condition violence or in a problem. verbalizes understanding of instructions mt Date: 11/4/17 Time: 195/ LPN Signature/credemuals:

639

Attachment K-2 OP-050108 Page 1 of 3

Serious Incident Database Report Private Prisons

- 1. Facility: Cimarron Correctional Facility
- 2. Date of Incident: 11/14/2017
- 3. Offender Offense History: Violent
- 4. Area of Incident: Cell
- 5. Narrative:
 Inmate Porter stated that inmate Fredrick made comments about and attempted to grab his (Porter's) breast. Inmate Porter told inmate Fredrick to leave him alone at which time inmate Fredrick attempted a second time to grab his breast. Inmate Porter shoved inmate Fredrick at which time inmate Fredrick started to strike inmate Porter with a closed fist. Inmate Fredrick denies the allegations and states the fight started over inmate Porter calling him (Fredrick) a punk.
- 6. Who was the first responder to the incident? Security Staff
- 7. If PREA, was the incident referred to Internal Affairs? Yes
- 8. If Use of Force was used, was it? N/A
- 9. If planned, was Medical contacted prior to Use of Force? N/A
- 10. Was the incident video recorded? No
- 11. If electronic technology was used, was the offender medically cleared? N/A
- 12. What type of non-deadly force equipment was used?

☐ Inflammatory ☐ OC	☐ Electronic Technology ☐ Electronic Shield	
CS (Private Prisons ONLY)	Radio Active Custody Control	
	☐ Taser	
Physical Restraint Device		
Belly Chains	Leg Irons	
Four or Five point restraints	Restraint Chair	
Handcuffs	Other	

			Attachment K-2 OP-050108 Page 2 of 3
13. What level of force w	as used?		
Inflammatory Age	nt		
oc Weight	t prior to use:		
	Prisons ONLY) prior to use:		
Deadly Force			impact Weapons
Hand Gun			Baton
Rifle- Snipe	er		Collapsible Baton
Rifle- Towe	er		
Shot Gun			
Physical Contact			
Defensive	Tactics- hold		
Offensive T	actics- Striking		
14. Was more than one co	amera used to recor	d incident? No	
15. Were there injuries du	iring the Use of Forc	e? No	
16. Where was the injury	treated? N/A		
17. Injuries Sustained:			
Staff	Offender	Both	
18. What was the mental	health levels of the	offenders involve	ed? D

19. Was the offender taking prescribed medications? No

Attachment K-2 OP-050108 Page 3 of 3

- 20. Was the incident racially motivated? No
- 21. Race(s) involved?

Black

■ White

Hispanic

■ Native American

11/15/17

Other

(10/12)